

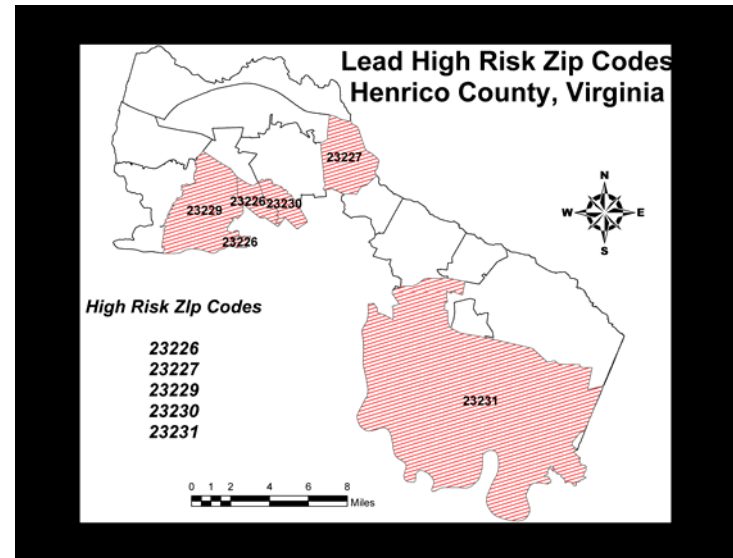
**Communicable Disease Update: Recent Cyclosporiasis Activity Increasing** – Nationally, several cyclosporiasis outbreak investigations have been ongoing, starting in the spring. Virginia has not reported any outbreaks of cyclosporiasis thus far in 2005. Consider cyclosporiasis testing for patients with symptoms including watery diarrhea, nausea, anorexia, abdominal cramps, fatigue and weight loss. **Legionnaires' Disease Associated with Travel on Cruise Ships** --A number of persons in the U.S. with travel histories including cruise trips, have tested positive for *Legionella* in 2005. For those patients with community acquired pneumonia and a travel history, consider diagnostic testing including a collection of urine for antigen testing and collection of respiratory specimens for culture of *Legionella*. The incubation period for Legionnaires' Disease ranges from 2 to 10 days.

### Lead Testing

Screening for elevated lead levels via venous or capillary blood lead testing should be conducted for children at 1 year of age if they are identified as being at high risk for elevated blood lead levels. Criteria for being at high risk include: receipt of Medicaid or Supplemental Food Program for Women, Infants, and Children (WIC), living in a community with >12% prevalence of blood lead levels at >10 mcg/dL, living in a community with >27% of homes built before 1950, or meeting one or more high-risk criteria of a lead-screening questionnaire. See

[http://www.vahealth.org/leadsafe/Rev\\_Screening\\_04.pdf](http://www.vahealth.org/leadsafe/Rev_Screening_04.pdf) for follow-up guidelines and a suitable questionnaire.

Risk assessment for lead exposure should be performed beginning with prenatal visits and continuing until 6 years of age. The graphic demonstrates Henrico's lead related high-risk zip codes.



### Emergency Preparedness Update: Understanding Nerve Agents:

The topic "Nerve agent health effects" is not one we think of in the usual course of clinical practice in Henrico. Many misconceptions abound however, including one that the agents kill so fast that there's not enough time to treat the victims. However, chemical terror attacks in recent history have resulted in a large amount of morbidity but limited mortality. For example, the attack on the Tokyo subway by the Aum Shinrikyo cult affected 3,800 people resulting in 1,000 hospitalizations but only 12 deaths. The lethality of nerve agents, such as Sarin, Tabun, and Soman, depends upon the dosage received and the route of exposure. Onset of symptoms may range from seconds up to 18 hours post-exposure. Symptoms may include excess respiratory and oral secretions, diarrhea and vomiting, diaphoresis, convulsions, altered mental status, miosis, bradycardia, and generalized weakness that can progress to paralysis and respiratory arrest. This progression to respiratory arrest ensues over minutes to hours, again depending upon the dosage and route of exposure. For information on diagnosis, treatment and triage of chemical agent casualties visit the following website: <http://www.atsdr.cdc.gov/MHMI/mmg166.html>. For more information on the Tokyo subway attacks, see: <http://www.cdc.gov/ncidod/EID/vol5no4/pdf/olson.pdf>.

**Prevention updates:** **1) Meningococcal Vaccine:** A new tetravalent meningococcal polysaccharide-protein conjugate vaccine named Menactra (MCV4), manufactured by Sanofi-Pasteur, was licensed for use among persons aged 11-55 years in January 2005. The CDC's Advisory Committee on Immunization Practices (ACIP) recommends routine vaccination of all children aged 11-12 years old. ACIP recommends that those adolescents that have not received MCV4 already should be vaccinated before entry into high school (approximately 15 years old). The ACIP goal is for routine vaccination of all adolescents at age 11 with MCV4 by the year 2008. As you will recall, routine meningococcal vaccination is also recommended for college freshmen living in dormitories as well as other high risk populations. [Reference: May 27, 2005, CDC MMWR "Prevention and Control of Meningococcal Disease" at [www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm)] **2) Gonorrhea screening:** The U.S. Preventive Services Task Force (USPSTF) recommends "that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors)"— See <http://www.ahrq.gov/clinic/uspstf/uspsgono.htm> for additional detail.